## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/29/2014 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  TRADEWINDS SERVICES INC  STADEMINDS SERVICES INC  STADEMIND SERVICES INC	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  TRADEWINDS SERVICES INC   (X4) 10  (X5) 10  (X6) 10  (			15G385					
ST JOHN, IN 46373   ST J					,	STREET ADDRESS, CITY, STATE, ZIP CODE	011	10/2014
SUMMARY SIATEMENT OF DEFICIENCIES   PREFIX TAG	TRADEIMINDO OFFICIACIO					12046 FORREST DR		
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  W 000)  INITIAL COMMENTS  This visit was for the post certification revisit to the investigation of complaint #IN00147437 conducted on 5/5/14.  This visit was done in conjunction with the annual recertification revisit to the investigation of complaint #IN00144005.  Complaint #IN00147437: Corrected.  Dates of Survey: July 8, 9, 11 and 18, 2014.  Facility Number: 100249270  Surveyor: Christine Colon, QIDP  Tradewinds Services Inc. was found to be in compliance with 42 CFR, part 483, subpart I, and 460 IAC 9 in repart to the post sertification revisit to the investigation of complaint #IN00147437. Quality Review completed 7/28/14 by Ruth  Shackelford, QIDP.	TRADEWINDS SERVICES INC			ST JOHN, IN 46373		ST JOHN, IN 46373		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.